

# **EXHIBIT 1**

DPG  
Accident No

**COPY**

Shaded Areas To Be Used By Data Processing Only

Page 1 of 4 Sheet(s)

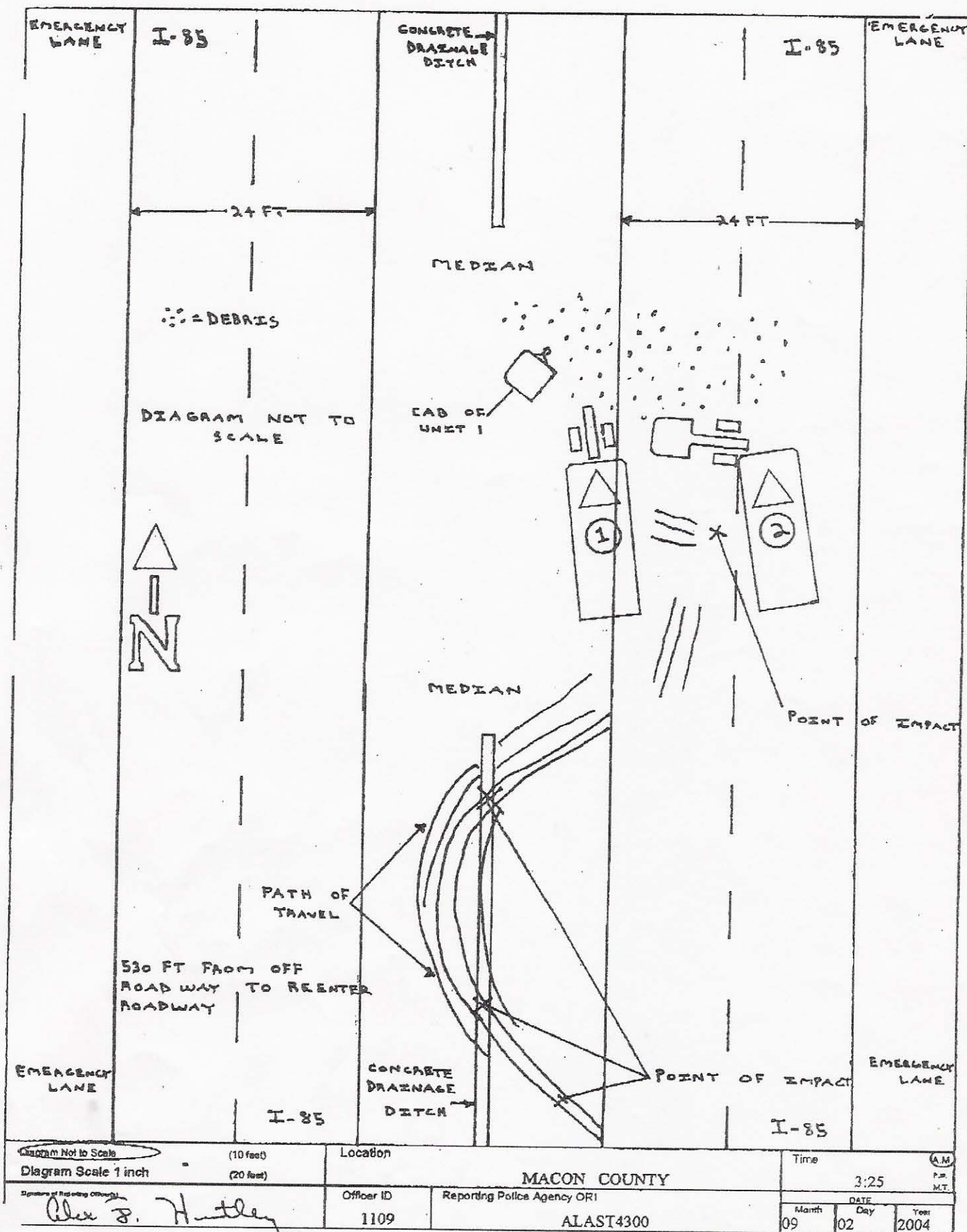
Microfilm No.

Local Case No:

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Date 09-07-04





**ALABAMA  
UNIFORM TRAFFIC ACCIDENT REPORT**

**COPY**  
LOCAL CASE NO. \_\_\_\_\_  
**SHEET 2 OF 4 SHEET(S)**

AST No. 34 Rev. 4/83

**SUPPLEMENTAL SHEET**

Unit No.	Seat Pos.	Injury Type	Age	Sex	Ejection	First Aid By
2	3	C	35	M	N	A

No.	Name	Address	Unit No.	Seat Pos.	Injury Type	Age	Sex	Ejection	First Aid By
3	WILLIAM TIDWELL	1204 PETTY ROAD WESTVILLE FL	2	3	C	35	M	N	A
	Taken to TALLASSEE COMMUNITY HOSPITAL TALLASSEE AL	Taken by CARE AMBULANCE							
4	N/A								
	Taken to	Taken by							
5									
	Taken to	Taken by							
6									
	Taken to	Taken by							
7									
	Taken to	Taken by							
8									
	Taken to	Taken by							
9									
	Taken to	Taken by							
10									
	Taken to	Taken by							
11									
	Taken to	Taken by							
12									
	Taken to	Taken by							

ADDITIONAL ACCIDENT VICTIMS

ADDITIONAL NARRATIVE SPACE

**DESCRIBE WHAT HAPPENED (Refer to vehicles by number)** UNIT 1 WAS TRAVELING NORTHBOUND ON I-85. UNIT 1 LEFT THE LEFT SIDE OF THE ROADWAY, WENT DOWN AN EMBANKMENT, STRUCK A ROAD SIGN, STRUCK A DRAINAGE DITCH, WENT UP AN EMBANKMENT, CAME DOWN AN EMBANKMENT, STRUCK A DRAINAGE DITCH, WENT UP AN EMBANKMENT, OVERTURNED ON THE DRIVER'S SIDE, CAME BACK ONTO THE ROADWAY BLOCKING BOTH LANES OF NORTHBOUND I-85, AND IS STRUCK BY UNIT 2 TRAVELING NORTHBOUND ON I-85. AT THE TIME OF THE COLLISION DRIVER OF UNIT 2 ADVISED HE WAS UNABLE TO SEE UNIT 1 IN THE ROADWAY. INVESTIGATION REVEALED THAT AT THE TIME OF THE COLLISION DUE TO THE POSITIONING OF UNIT 1 UPON COMING BACK ONTO THE ROADWAY THE BOTTOM OF THE UNDERCARRIAGE WAS THE ONLY PART OF THE VEHICLE THAT COULD HAVE BEEN SEEN BY THE DRIVER OF UNIT 2. UNIT 1 WAS FURTHER TRANSPORTING TITANIUM DIOXIDE IN DRY BULK FORM. THERE WERE 22 PALLETS OF TITANIUM DIOXIDE R101-04 WITH A WEIGHT OF 2000 POUNDS EACH. THE FREIGHT WAS BEING DELIVERED TO THE STANDRIDGE COLOR CORPORATION IN SOCIAL CIRCLE GEORGIA. NONE OF THE MATERIAL WAS SPILLED NOR WERE ANY OF THE PACKAGES RUPTURED OR DAMAGED. THE MATERIAL REQUIRED PROPER HANDLING AND STORAGE DUE TO ITS POTENTIAL TO BECOME HAZARDOUS. ALL HANDLING AND STORAGE WAS DONE BY THROWER'S WRECKER SERVICE.



Unit No. 2  
(same as on main report)Alabama Uniform Traffic Accident Report  
Truck/Bus Supplemental SheetAST-347  
1/94Sheet 3 of 4 Sheets

## General Instructions

COPY

Complete this form for each qualifying vehicle ONLY if the accident meets BOTH of the following criteria:

1. The accident involved a qualifying vehicle (truck with 6 or more tires or Haz/Mat placard, or a bus designed to carry 16 or more, including driver) and;
2. The accident resulted in at least one of the following: A. one or more fatalities B. one or more persons injured and taken from the scene for immediate medical attention, or C. one or more involved vehicles had to be towed from the scene as a result of disabling damage or had to receive assistance to leave.

## Screening Information

Number of Qualifying Vehicles:

Number of Persons:

Trucks with 6 or more tires or Haz/Mat placard 2Sustaining fatal injuries 1

Buses designed to carry 16 or more (including driver) \_\_\_\_\_

Transported for immediate medical treatment 2Number of vehicles towed from scene due to damage or provided assistance 2

## Vehicle Information

Gross Vehicle Weight Rating (GVWR)

Hazardous Material Involvement

A. Truck, tractor or bus 17000Did vehicle have a Haz/Mat placard Yes X NoB. Trailer or trailers (total) 55000

If Yes, include following information from placard

Total GVWR for unit (A+B) 72000A. Name or 4-digit number from diamond or box NAB. The 1-digit number from bottom of diamond NATotal number of axles 5Was hazardous material released from THIS vehicle's cargo? Yes X No

Vehicle Configuration (circle one number)

1. Bus      2. Single unit truck (2 axles/ 6 or more tires)      3. Single unit truck (3 or more axles)  
 4. Truck with trailer      5. Truck tractor only (bobtail)      ⑥ Tractor with semi-trailer      7. Tractor with double trailers  
 8. Tractor with triple trailers      9. Unknown class heavy truck      0. Any other 4-wheeled vehicle

Cargo Body Type (circle one number)

1. Bus      2. Van/enclosed box      3. Cargo tank      ④ Flatbed      5. Dump  
 6. Concrete mixer      7. Auto transporter      8. Garbage/ refuse      9. Other \_\_\_\_\_

## Motor Carrier Information

NOTE: If NOT a motor carrier, enter NONE under Carrier Name, 0 for None under Carrier Identification Numbers, and go to Sequence Of Events Section

Carrier Name FLORIDA TRANSFORMER

Source (circle one number) 1. Vehicle side 2. Shipping papers ③ Driver 4. Other

Carrier mailing address (Street or P.O. Box) PO BOX 507City, State, Zip DEFUNIAK SPRINGS FLORIDA 32435

Carrier Identification Numbers ( \_\_\_\_\_ None = 0)

US DOT 160401 ICC MC \_\_\_\_\_ STATE NO. \_\_\_\_\_ STATE \_\_\_\_\_

## / Sequence of Events

Note: for THIS vehicle - list up to four Event #1 10 Event #2 \_\_\_\_\_ Event #3 \_\_\_\_\_ Event #4 \_\_\_\_\_EVENT  
CODES

- Non-Collision 1. Ran off road 2. Jackknife 3. Overturned (rollover) 4. Downhill runaway  
 5. Cargo loss or shift 6. Explosion or fire 7. Separation of units 8. Other non-collision  
 Collision With 9. Pedestrian 10. Non-parked vehicle 11. Parked vehicle 12. Train  
 13. Pedalcycle 14. Animal 15. Fixed object 16. Other object

Signature of Reporting Officer

Officer ID

Reporting Police Agency OR

Date

Time

AM  
PM  
NTAlex E. H. H. H.1109ALAST430009-02-20043:25



Unit No. 2  
(same as on main report)Alabama Uniform Traffic Accident Report  
Truck/Bus Supplemental SheetAST-347  
1/94Sheet 3 of 4 Sheets

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## Screening Information

Number of Qualifying Vehicles:

Number of Persons:

Trucks with 6 or more tires or Haz/Mat placard 2Sustaining fatal injuries 1

Buses designed to carry 16 or more (including driver) \_\_\_\_\_

Transported for immediate medical treatment 2Number of vehicles towed from scene due to damage or provided assistance 2

## Vehicle Information

Gross Vehicle Weight Rating (GVWR)

A. Truck, tractor or bus 17000  
 B. Trailer or trailers (total) 55000  
 Total GVWR for unit (A+B) 72000

Hazardous Material Involvement

Did vehicle have a Haz/Mat placard Yes X No

If Yes, include following information from placard

A. Name or 4-digit number from diamond or box NAB. The 1-digit number from bottom of diamond NAWas hazardous material released from THIS vehicle's cargo? Yes X NoTotal number of axles 5

Vehicle Configuration (circle one number)

1. Bus      2. Single unit truck (2 axles/ 6 or more tires)      3. Single unit truck (3 or more axles)  
 4. Truck with trailer      5. Truck tractor only (bobtail)      ⑥ Tractor with semi-trailer      7. Tractor with double trailers  
 8. Tractor with triple trailers      9. Unknown class heavy truck      0. Any other 4-wheeled vehicle

Cargo Body Type (circle one number)

1. Bus      2. Van/enclosed box      3. Cargo tank      ④ Flatbed      5. Dump  
 6. Concrete mixer      7. Auto transporter      8. Garbage/ refuse      9. Other \_\_\_\_\_

## Motor Carrier Information

NOTE: If NOT a motor carrier, enter NONE under Carrier Name, 0 for None under Carrier Identification Numbers, and go to Sequence Of Events Section

Carrier Name FLORIDA TRANSFORMER

Source (circle one number) 1. Vehicle side 2. Shipping papers ③ Driver 4. Other

Carrier mailing address (Street or P.O. Box) PO BOX 507City, State, Zip DEFUNIAK SPRINGS FLORIDA 32435

Carrier Identification Numbers (\_\_\_\_ None = 0)

US DOT 160401 ICC MC \_\_\_\_\_ STATE NO. \_\_\_\_\_ STATE \_\_\_\_\_

## / Sequence of Events

Note: for THIS vehicle - list up to four Event #1 10 Event #2 \_\_\_\_\_ Event #3 \_\_\_\_\_ Event #4 \_\_\_\_\_EVENT  
CODES

- Non-Collision 1. Ran off road 2. Jackknife 3. Overturned (rollover) 4. Downhill runaway  
 5. Cargo loss or shift 6. Explosion or fire 7. Separation of units 8. Other non-collision  
 Collision With 9. Pedestrian 10. Non-parked vehicle 11. Parked vehicle 12. Train  
 13. Pedalcycle 14. Animal 15. Fixed object 16. Other object

Signature of Reporting Officer

Alex S. H. H. H.

Officer ID

1109

Reporting Police Agency OR

ALAST4300

Date

09-02-2004

Time

3:25AM  
PM  
UT



Unit No. 1  
(same as on main report)Alabama Uniform Traffic Accident Report  
Truck/Bus Supplemental SheetAST-347  
1/04

Sheet



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## Screening Information

Number of Qualifying Vehicles.

Trucks with 6 or more tires or Haz/Mat placard 2

Buses designed to carry 16 or more (including driver) \_\_\_\_\_

Number of vehicles towed from scene due to damage or provided assistance 2

Number of Persons:

Sustaining fatal injuries 1Transported for immediate medical treatment 2

## Vehicle Information

Gross Vehicle Weight Rating (GVWR)

A. Truck, tractor or bus 20000B. Trailer or trailers (total) 60000Total GVWR for unit (A+B) 80000Total number of axles 5

Hazardous Material Involvement

Did vehicle have a Haz/Mat placard Yes X No

If Yes, include following information from placard

A. Name or 4-digit number from diamond or box N/AB. The 1-digit number from bottom of diamond N/AWas hazardous material released from THIS vehicle's cargo? Yes X No

Vehicle Configuration (circle one number)

1. Bus      2. Single unit truck (2 axles/ 6 or more tires)      3. Single unit truck (3 or more axles)  
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Cargo Body Type (circle one number)

1. Bus      2. Van/enclosed box      3. Cargo tank      4. Flatbed      5. Dump  
 6. Concrete mixer      7. Auto transporter      8. Garbage/ refuse      9. Other \_\_\_\_\_

## Motor Carrier Information

NOTE: If NOT a motor carrier, enter NONE under Carrier Name, 0 for None under Carrier Identification Numbers, and go to Sequence Of Events Section

Carrier Name PANTHER II TRANSPORTATION INC.

Source (circle one number) 1. Vehicle side      2. Shipping papers      3. Driver      4. Other

Carrier mailing address (Street or P.O. Box) 4015 MEDINA ROAD SUITE 200City, State, Zip MEDINA OHIO 44256

Carrier Identification Numbers ( \_\_\_\_\_ None = 0)

US DOT 500737 ICC MC \_\_\_\_\_ STATE NO. \_\_\_\_\_ STATE \_\_\_\_\_

## Sequence of Events

Note: for this vehicle - list up to four

Event #1 1      Event #2 5      Event #3 3      Event #4 10EVENT  
CODES

- Non-Collision      1. Ran off road      2. Jackknife      3. Overturned (rollover)      4. Downhill runaway  
                          5. Cargo loss or shift      6. Explosion or fire      7. Separation of units      8. Other non-collision
- Collision With      9. Pedestrian      10. Non-parked vehicle      11. Parked vehicle      12. Train  
                          13. Pedalcycle      14. Animal      15. Fixed object      16. Other object

Signature of Reporting Officer

Oliver F. Huntley

Officer ID

1109

Reporting Police Agency OR]

ALAST4300

Date

09-02-2004

Time

3:25

